MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/809248 FILING DATE 10/28/04

APPLICANT(S) 10/28/04

10/28/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				5		
7			1			
8				1		
9				1		
10						
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				4		
18						
19				2		
20			1			
21				1		
22				1		
23				1		
24				1		
25				2		
26			1			
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				2		
39				2		
40				2		
41				2		
42				2		
43				1		
44				2		
45				2		
46				2		
47				2		
48				2		
49				2		
50				2		
TOTAL IND.	↵		↵		↵	
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52				2		
53				2		
54				2		
55				2		
56			1			
57			1			
58			1			
59			1			
60				1		
61				2		
62				2		
63				2		
64			1			
65						
66				2		
67				1		
68				1		
69			1			
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77			1			
78			1			
79				3		
80				3		
81				2		
82				2		
83				3		
84				1		
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	↵	12	↵		↵	
TOTAL DEP.		115				
TOTAL CLAIMS		127				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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